Drs. M.E. DeBakey and Wm. H. Gillentine,  Feb. 2, 1933
Charity Hospital,
State of Louisiana,
New Orleans, La.

Gentlemen:

Your letter of January 7 unfortunately arrived here just the day after I started on a trip to the west and I have just returned to the office today. I regret exceedingly that this letter was held for my personal attention.

I am sending you today a sample of the VIM-Lock attachment, with our compliments, and have attached a rubber tube to the set, also a needle, so you can see the way the attachment works.

The male fitting is made so it will take either our VIM-Lock needle, or the regular standard luer type needle, and it will take the female lock attachment. This lock has proved very satisfactory.

It consists of a double pitch, or quick acting thread, which is merely used as a mechanical means of drawings the male and female tapers of the standard luer type together to a tight joint. When once locked they cannot blow apart.

I am going to take the liberty of making one more suggestion to you, and as it is the result of hard, costly experience, I am confident you will accept it in the same kindly spirit that you did my previous suggestions.

Time after time our most experienced motor car manufacturers have turned out a model that has developed a serious defect after it got into the hands of the public.

How was it possible that things of this kind could happen with all their engineering ability and resources?
Not long ago in riding on a train with a motor car manufacturer I asked him what was the answer to that question. He said for years car manufacturers had their testing done by engineers and expert drivers, men who knew exactly what to do at exactly the right time. Those men could drive cars and get remarkable performance from them. Rarely would any defect show up because of the skill of the driver. Instinctively he knew what to do at the right moment.

Take 1000 cars, made just exactly like the sample that proved satisfactory, put them into the hands of men who are not mechanical, (many of them hardly knowing what makes the wheels go round,) and in a short time serious defects would show up.

When we began putting a blood transfusion apparatus on the market, the various models were tested over and over again by men like Scannell, and others, who were experts in the technique of blood transfusion. They found no defects in the apparatus, they got excellent results. However the first 50 sets we put on the market all had to be recalled and replaced "no charge." The same thing applied to the second and the third lots.

My earnest suggestion is that after you have arrived at a condition that you consider "perfection" in your product, that you have a limited number tried out by the ordinary rank and file—internes and others. Make sure that in the hands of the inexperienced no weakness develops before your apparatus is launched on the market.

Very cordially yours,

MacGREGOR INSTRUMENT COMPANY

JM/R

President